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HC-1/5B/21 based on PTO/SB/21 (08-00)

1742

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<b>TRANSMITTAL FORM</b> <small>to be used for correspondence after initial filing</small>	Application Number	09/754,463
	Filing Date	1-4-2001
	First Named Inventor	Akira ARAI
	Group Art Unit	1742
	Examiner Name	John P. Sheehan
Total Number of Pages in This Submission	Attorney Docket Number	9319A-000183

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input checked="" type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  Remarks	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below)

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name G. Gregory Schivley Bryant E. Wade	Reg. No. 27,382 40,344
Signature			
Date	July 24, 2002		

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.			
Typed or printed name	G. Gregory Schivley	Bryant E. Wade	
Signature			Date July 24, 2002

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/754,463</td> </tr> <tr> <td>Filing Date</td> <td>1-4-2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Akira ARAI</td> </tr> <tr> <td>Examiner Name</td> <td>John P. Sheehan</td> </tr> <tr> <td>Group / Art Unit</td> <td>1742</td> </tr> <tr> <td>Attorney Docket No.</td> <td>9319A-000183</td> </tr> </table>		Application Number	09/754,463	Filing Date	1-4-2001	First Named Inventor	Akira ARAI	Examiner Name	John P. Sheehan	Group / Art Unit	1742	Attorney Docket No.	9319A-000183
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<p><b>TOTAL AMOUNT OF PAYMENT</b> (\$)</p>		<p>510</p>													

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<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input checked="" type="checkbox"/> Check                <input type="checkbox"/> Credit card                <input type="checkbox"/> Money Order                <input type="checkbox"/> Other                <input type="checkbox"/> None         </p> <p> <input type="checkbox"/> Deposit Account:         </p> <div style="margin-top: 10px;"> <p>Deposit Account Number: 08-0750</p> <p>Deposit Account Name: Harness, Dickey &amp; Pierce, P.L.C.</p> </div> <p> <b>The Commissioner is authorized to: (check all that apply)</b>  <input type="checkbox"/> Charge fee(s) indicated below                <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.         </p>					<p><b>FEE CALCULATION (continued)</b></p>																																																																																																																																																																																																																																														
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<p><b>SUBMITTED BY</b></p>		<p><b>Complete (if applicable)</b></p>	
Name (Print/Type)	G. Gregory Schivley Bryant E. Wade	Registration No. Attorney/Agent	27,382 30,344
Signature		Telephone	(248) 641-1600
		Date	July 24, 2002

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